



Maricopa County Environmental Services Department
Environmental Health Division • Special Events Program
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SPECIAL EVENT COORDINATOR INFORMATION SHEET

PLEASE COMPLETE & RETURN THIS FORM AT LEAST 30 DAYS BEFORE THE START OF THE EVENT.

General Event Information:

- 1) Name of Event: _____
- 2) Date of Event: _____
- 3) Time of Event: _____
- 4) Location of Event: _____
Facility Name Address
- 5) Brief Description of Event Site Conditions: _____
- 6) Estimated Event Attendance: _____
- 7) Sponsoring Organization: _____
- 8) Will food and/or beverage (beer, soda, etc.) concessions be operated by the sponsoring organization or event coordinator? ☐ Yes ☐ No
If yes, a copy of the Temporary Food Service Establishment Permit application and required permit fee are required to be submitted with this form.

Event Contact Information:

Event Coordinator - Food & Beverage Chairman - Or - Responsible Individual

- 9) Name: _____
- 10) Address: _____
- 11) Business Phone: _____ Email: _____
- 12) Mobile Phone: _____ Fax: _____
- 13) Name: _____
- 14) Address: _____
- 15) Business Phone: _____ Home Phone: _____
- 16) Mobile Phone: _____ Fax: _____

Additional Event Information:

- 17) Anticipated Number of Food & Beverage Booths/Concessions: _____
- 18) Date & Time of Event Set-Up: _____
- 19) Are any food and/or beverage concession meetings scheduled? ☐ Yes ☐ No
If so, Date(s): _____ Time(s): _____
Location: _____

- 20)** Will an Approved Water Source be Available for Food Vendors? ☐ Yes ☐ No
If yes, please indicate the water source: _____
- 21)** Will Wastewater Disposal be provided for Food Vendors? ☐ Yes ☐ No
If yes, please indicate how wastewater will be disposed of: _____
- 22)** Will Electricity be provided to Food Vendors? ☐ Yes ☐ No
- 23)** Will Back-up Refrigerated Storage be Provided to Food Vendors? ☐ Yes ☐ No
- 24)** Will animals be present at the event (petting zoo, rodeo, etc.) ☐ Yes ☐ No
- 25)** Is there a rain date or plan for inclement weather? ☐ Yes ☐ No
If so, please describe: _____
- 26)** Will any unpaved parking or open area be utilized during the event? ☐ Yes ☐ No
If yes, does your organization have a dust control plan? ☐ Yes ☐ No
If so, please describe: _____
- 27)** Restroom Facilities for patrons: ☐ Public Restrooms ☐ Chemical Toilets
Vendor: _____ Quantity to be supplied: _____

Supplemental Event Information:

- 28)** Please enclose a list all Food & Beverage Vendors to be used at the event.
(Business name, owner name, address, phone, and menu)
☐ Enclosed ☐ Will Mail By:
- 29)** Does your organization supply the vendors with the Temporary Food Service Application and guideline sheet? ☐ Yes ☐ No
- 30)** Please enclose an event map.
- 31)** Are there any special areas assigned for inspectors to park in? ☐ Yes ☐ No
If so, please describe: _____
- 32)** Are parking or entry passes needed for the inspectors to gain access to the event?
☐ Yes ☐ No
If yes, please enclose parking and/or entry passes.

Form Completed by: _____
Signature Title Date